

PART VI CRIME COVERAGE SECTION

A. Joint Government Crime Policy

In accordance with the UCIP Interlocal Agreement, the Pool jointly purchases on behalf of the Members a Government Crime Policy, listing each of the individual Members as Additional Insured. The jointly purchased Government Crime Policy is attached to this Addendum as Appendix I.

B. Coverage Description

The POOL will indemnify the MEMBER for loss covered by the joint Government Crime Policy to the Limit of Coverage shown in this Coverage Part. Any loss not covered by the Government Crime Policy for any reason other than the loss did not exceed the deductible of the Government Crime Policy is considered an excluded claim under this Coverage Part.

C. Limit of Coverage

The most the POOL will pay as the result of any one loss is limited to the amount described as the Deductible Amount in the joint Government Crime Policy, less the amount of the MEMBER's maintenance deductible.

D. Member Maintenance Deductible

The Member Maintenance Deductible for this Coverage Part is \$500.00 per occurrence as defined by the joint Government Crime Policy.

E. Claims

Members shall report any claim to the Pool in accordance with the Claims provision of Part II General Coverage Conditions of this Addendum. The Pool will assist Members with the reporting and adjusting of claims under the joint Governmental Crime Policy.

F. Recoveries

Any recoveries, less the cost of obtaining them, made after settlement of loss covered by this Coverage Part will be distributed as follows:

1. To the MEMBER, until the MEMBER is reimbursed for any loss that it sustains that exceeds the Limit of Coverage provided by the joint Government Crime Policy;

2. Then to the issuer of the joint Government Crime Policy, until the issuer is reimbursed in accordance with the Recoveries condition of the joint Government Crime Policy:
3. Then to the POOL, until the POOL is reimbursed for the amount paid to the Member under this Coverage Part for the loss; and
4. Then to the MEMBER, until the MEMBER is reimbursed for that part of the loss equal to the Member Maintenance Deductible amount, if any.
5. Recoveries do not include any recovery:
 - a. From insurance, suretyship, reinsurance, security, or indemnity taken for the POOL's benefit; or
 - b. Of original SECURITIES after duplicates of them have been issued.

**GOVERNMENT CRIME
POLICY DECLARATIONS**

CRIME AND FIDELITY
CR DS 04 08 07
POLICY NUMBER:
03-877-85-11
REPLACEMENT OF
POLICY NUMBER:
02-588-60-26

In Return For The Payment Of The Premium, And Subject To All The Terms And Conditions Of This Policy, We Agree With You To Provide The Insurance As Stated In This Policy.

Coverage Is Written:

☒ **Primary** ☐ **Excess** ☐ **Coindemnity** ☐ **Concurrent**

Company Name Area:	<i>National Union Fire Insurance Company of Pittsburgh, Pa.</i>		
Producer Name Area:	<i>ARTHUR J GALLAGHER RISK MNGT SERV INC 8840 E. CHAPARRAL ROAD SUITE 275 SCOTTSDALE, AZ 85250</i>		
Named Insured:	<i>UTAH COUNTIES INDEMNITY POOL</i>		
	(including any Employee Welfare or Benefit Plans)		
Mailing Address:	<i>5397 S VINE STREET MURRAY, UT 84087-6757</i>		
	Policy Period		
From:	<i>January 1, 2017</i>		
To:	<i>January 1, 2018</i>	12:01 A.M. at your mailing address shown above.	

Insurance Agreements	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft - Per Loss Coverage	\$2,500,000	\$250,000
2. Employee Theft - Per Employee Coverage	Not Covered	
3. Forgery Or Alteration	\$2,500,000	\$250,000
4. Inside The Premises - Theft Of Money And Securities	\$2,500,000	\$250,000
5. Inside The Premises - Robbery Or Safe Burglary Of Other Property	\$2,500,000	\$250,000
6. Outside The Premises	\$2,500,000	\$250,000
7. Computer Fraud	\$2,500,000	\$250,000
8. Funds Transfer Fraud	\$2,500,000	\$250,000
9. Money Orders And Counterfeit Money	\$2,500,000	\$250,000

If "Not Covered" is inserted above opposite any Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

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Endorsements Forming Part Of This Policy When Issued:
#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15

Cancellation Of Prior Insurance Issued By Us:

By acceptance of this Policy you give us notice cancelling prior policy Nos. 025886026; the cancellation to be effective at the time this Policy becomes effective.

Premium: \$25,503

Countersignature Of Authorized Representative

Name:

Title:

Signature:

Date:

IN WITNESS WHEREOF, the Insurer has caused this Policy to be signed by its President, Secretary and Authorized Representative. This Policy shall not be valid unless signed below at the time of issuance by an authorized representative of the insurer.



PRESIDENT



SECRETARY



AUTHORIZED REPRESENTATIVE

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